

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **JOSEPH M. IGLESIAS**  
 SERIAL NO.: 09/704,364  
 FILED: November 2, 2000  
 FOR: MOLDED ORTHOPAEDIC DEVICES

CONFIRMATION NO. 4745  
 GROUP ART UNIT: 3772  
 EXAMINER: Michael Brown  
 ATTY. REFERENCE: IGLE3001/JJC



**COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

*Sir:*

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.  
☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	26	- 84 <sup>1</sup>	= 0 <sup>3</sup>	× \$ 25 =	× \$ 50 =
Independent Claims	6	- 10 <sup>2</sup>	= 0 <sup>3</sup>	× \$ 100 =	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$ 180 =	+ \$ 360 =
<b>TOTAL</b>					<b>\$0.00</b>

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

- ☐ Please charge my **Deposit Account Number 02-0200** in the amount of \$ . A duplicate copy of this sheet is attached.  
☐ A check in the amount of \$ 0.00 is attached.  
☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**.  
☐ Also enclosed is/are:

23364

Customer Number  
 Phone: (703) 683-0500

DATE: April 9, 2007

*Respectfully submitted,*

**JUSTIN J. CASSELL**  
 Attorney for Applicant  
 Registration Number: 46,205



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

<b>Application No.:</b>	09/704,364	<b>Examiner:</b>	Michael BROWN
<b>Filing Date:</b>	November 2, 2000	<b>Art Unit:</b>	3772
<b>First Inventor:</b>	Joseph M. IGLESIAS	<b>Customer No.:</b>	23364
<b>Attorney No.:</b>	IGLE3001/JJC	<b>Confirm. No.:</b>	4745
<b>For:</b>	<b>MOLDED ORTHOPAEDIC DEVICES</b>		

**REPLY TO OFFICE ACTION**  
**OF MARCH 27, 2007**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**INTRODUCTORY COMMENTS**

This is responsive to the Office Action dated March 27, 2007 in the above application. In view of the following remarks, reconsideration of the application is respectfully requested.

**AMENDMENT**

Please amend the application in accordance with the following particulars.

**In the Claims**

The claims are amended as shown on the following pages under the heading AMENDMENT TO THE CLAIMS. The list shows the status of all claims presently in the application and is intended to supersede all prior versions of the claims in the application. Any cancellation of claims is made without prejudice or disclaimer.